

ANNEXATION AND INITIAL ZONING APPLICATION



**APPLICATION FOR ANNEXATION
AND INITIAL ZONING**

Development Services – Planning Division
15516 SW Osceola St. | Indiantown, FL 34956
Phone: (772)597-8269

Received Date – Office Use Only

PROJECT NAME: _____

PROPERTY LOCATION: _____

PROPERTY TAX ID. NO(S):

- LEGAL DESCRIPTION: ALL APPLICATIONS FOR SUBDIVISION OR SITE PLAN REVIEW MUST PROVIDE THREE (3) EXECUTED, CERTIFIED AND SEALED BOUNDARY SURVEYS FOR THE SUBJECT PARCEL, WHICH SHALL INCLUDE A METES-AND-BOUNDS LEGAL DESCRIPTION. ATTACH SURVEY WITH FULL LEGAL DESCRIPTION AS EXHIBIT.

PRESENT ZONING: _____

PRESENT DESIGNATION ON FUTURE LAND USE MAP: _____

DEVELOPMENT HISTORY/OTHER INFORMATION: _____

ACREAGE: _____ # OF LOTS: _____ ZONING REQUESTED: _____

APPLICANT'S NAME: _____

APPLICANT'S ADDRESS: _____

TELEPHONE NUMBER: _() _____ E-MAIL ADDRESS: _____

OWNER OF RECORD: _____

ANNEXATION AND INITIAL ZONING APPLICATION

OWNER'S ADDRESS: _____

PHONE NUMBER: _____

NUMBER OF EXISTING BUILDINGS AND EXISTING LAND USE OF THE SUBJECT PARCEL:

HOW WILL THE FOLLOWING ESSENTIAL SERVICES BE PROVIDED?

A. POTABLE WATER: _____

B. WASTEWATER TREATMENT: _____

C. STORMWATER MANAGEMENT: _____

D. RECREATION: _____

E. SCHOOLS AND PROJECTED NUMBER OF SCHOOL AGE CHILDREN:

APPLICATION MADE TO MCPS? _____

F. TRANSPORTATION: (A traffic study may be required.)

- APPLICANT SHALL SUBMIT WITH APPLICATION FULLY EXECUTED AND NOTARIZED ANNEXATION LAND USE AMENDMENT AND ZONING **HOLD HARMLESS AGREEMENT**.
- APPLICANT SHALL SUBMIT AN OWNER'S AFFIDAVIT WITH APPLICATION.
- PROPERTY SURVEY DATED WITHIN THE LAST SIX MONTHS.
- SUBMIT A NARRATIVE RESPONSE TO *F.S. 171.043, CHARACTER OF THE AREA TO BE ANNEXED; 171.062 EFFECTS OF ANNEXATIONS OR CONTRACTIONS*.
- INCOMPLETE APPLICATIONS WILL BE DEEMED INSUFFICIENT AND MAY BE REJECTED WITHOUT REFUND OF THE APPLICATION FEE. THE VILLAGE MAY REQUIRE ADDITIONAL INFORMATION IF IN THE VILLAGE'S SOLE DISCRETION ADDITIONAL INFORMATION (INCLUDING, BUT NOT LIMITED TO, TRAFFIC STUDIES) IS NEEDED IN ORDER TO EVALUATE THE APPLICATION FOR COMPLIANCE WITH THE VILLAGE OF INDIANTOWN COMPREHENSIVE PLAN AND LAND DEVELOPMENT REGULATIONS.

- **APPLICANT SHALL PAY SUCH ADDITIONAL DEVELOPMENT REVIEW FEES AS MAY BE REQUIRED BY THE LAND DEVELOPMENT REGULATION.** "REVIEW COSTS" SHALL MEAN AND REFER TO THE COSTS AND EXPENSES INCURRED BY THE VILLAGE IN CONNECTION WITH THE REVIEW AND PROCESSING OF AN APPLICATION, INCLUDING BUT NOT LIMITED TO VILLAGE ATTORNEY'S FEES AND COSTS AND LEGAL, CONSULTANT AND ENGINEERING FEES AND COSTS, AND ALL ADVERTISING COSTS; PROVIDED, HOWEVER, THAT REVIEW COSTS SHALL NOT, INCLUDE (I) THE COST OF VILLAGE STAFF FROM TIME DEDICATED TO THE REVIEW AND PROCESSING AN APPLICATION, AND (II) VILLAGE ATTORNEY, LEGAL, CONSULTANT AND ENGINEERING FEES AND COSTS INCURRED BY THE VILLAGE IN REVIEWING AND PROCESSING AN APPLICATION WHICH ARE EXPRESSLY INCLUDED WITHIN THE FLAT FEE PURSUANT TO THE PROVISIONS OF CHAPTER 12 OF THE LAND DEVELOPMENT REGULATION.
- BY SIGNING THIS APPLICATION, I AM PROVIDING MY WRITTEN CONSENT FOR THE SUBJECT PROPERTY TO BE ASSESSED FOR ANY AND ALL VILLAGE--WIDE NON--AD VALOREM ASSESSMENTS LEVIED BY THE VILLAGE OF INDIANTOWN AS OF THE DATE THIS PROPERTY IS ANNEXED INTO THE VILLAGE'S BOUNDARIES.
- I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AT THE TIME OF APPLICATION:

APPLICANT SIGNATURE

DATE

NOTARIZATION

STATE OF _____/COUNTY OF _____

The foregoing instrument was acknowledged before me by means of ☐ physical presence or ☐ online notarization,

this ____ day of _____, 20____, by _____ (name of person acknowledging)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known _____ OR Produced Identification _____ Type of Identification Produced _____

AGENT AUTHORIZATION FORM

Parcel Id(s) _____

Subject Site Address _____

Property Owner _____

The undersigned, registered property owners of the subject site, do hereby authorize

_____, of _____
(Contractor / Agent) (Name of consulting firm)

to act on my behalf and take all actions necessary for the processing, issuance and acceptance of this application and all standard and special conditions associated.

Agent Address _____

Business Phone _____ Mobile _____

E-mail _____

We hereby certify the above information submitted in this application is true and accurate to the best of our knowledge.

Owner Signature

Agent Signature (to accept authorization)

STATE OF FLORIDA:
COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public
Notary Public for the State of Florida

My Commission Expires

APPLICANT'S AFFIDAVIT FORM

The Undersigned, first being duly sworn depose that all answers to the questions in this application, and all supplementary documents made a part of the application are honest and true to the best of (my)(our) knowledge and belief. (I)(We) understand this application must be complete and accurate before the application can be submitted and the hearing advertised.

OWNER OR TENANT AFFIDAVIT

(I/WE), _____, being first duly sworn, depose and say that (I am/We are) the ☐ owner ☐ tenant of the property described, and which is the subject matter of the proposed project and any related public hearing.

Signature and Date

Signature and Date

Sworn to and subscribed to before me this _____ day of _____, _____

Notary Public _____

Commission Expires _____

CORPORATION AFFIDAVIT

(I/WE), _____, being first duly sworn, depose and say that (I am/We are) the ☐ President ☐ Vice-President ☐ Secretary ☐ Asst. Secretary of the aforesaid corporation, and as such, have been authorized by the corporation to file this application for public hearing; and that said corporation is the ☐ owner ☐ tenant of the property described herein and which is the subject matter of the proposed hearing.

Name of Corporation

Attest: _____

Authorized Signature

Office Held

(Corp. Seal)

Sworn to and subscribed to before me this ____ day of _____, ____

Notary Public _____

Commission Expires _____

PARTNERSHIP AFFIDAVIT

(I/WE), _____, being first duly sworn, depose and say that (I am/We are) partners of the hereinafter named partnership, and as such, have been authorized to file this application for a public hearing; and that said partnership is the ☐ owner ☐ tenant of the property described herein which is the subject matter of the proposed hearing.

Name of Partnership

By _____ %

By _____ %

By _____ %

By _____ %

Signature

STATE OF FLORIDA:
COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public
Notary Public, for the State of Florida

My Commission Expires

ATTORNEY AFFIDAVIT

I, _____, being first duly sworn, depose and say that I am a State of Florida Attorney at Law, and I am the Attorney for the Owner of the property described and which is the subject matter of the proposed hearing.

Signature

STATE OF FLORIDA:

COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public
Notary Public, for the State of Florida

My Commission Expires

DISCLOSURE OF INTEREST FORM

If the property, which is the subject of the Application, is owned or leased by a **CORPORATION**, list the Principal Stockholders and the percentage of stock owned by each. NOTE: Where the Principal Officers or Stockholders consist of another Corporation(s), Trustee(s), Partnership(s) or other similar entities, further disclosure shall be required which discloses the identity of the individual(s) (natural persons) having the ultimate ownership interest in the aforementioned entity.

Corporation Name

Name, Address and Office

Percentage of stock

If the property, which is the subject of the Application, is owned or leased by a **TRUSTEE**, list the Principal Stockholders and the percentage of stock owned by each. NOTE: Where the Principal Officers or Stockholders consist of another Corporation(s), Trustee(s), Partnership(s) or other similar entities, further disclosure shall be required which discloses the identity of the individual(s) (natural persons) having the ultimate ownership interest in the aforementioned entity.

Trust Name

Name, Address and Office

Percentage of stock

ANNEXATION, LAND USE AMENDMENT, & ZONING APPLICATION

If the property, which is the subject of the Application, is owned or leased by a **PARTNERSHIP or LIMITED PARTNERSHIP**, list the Principal Stockholders and the percentage of stock owned by each. NOTE: Where the Principal Officers or Stockholders consist of another Corporation(s), Trustee(s), Partnership(s) or other similar entities, further disclosure shall be required which discloses the identity of the individual(s) (natural persons) having the ultimate ownership interest in the aforementioned entity.

Name, Address and Office

Percentage of stock

Signature

STATE OF FLORIDA:

COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public

Notary Public, for the State of Florida

My Commission Expires

COST RECOVERY AFFIDAVIT

I hereby acknowledge and consent to the payment of **all applicable fees** involved as part of my application process. These fees include but are not limited to application fees, postage, advertising, attorney fees and any outside contractors, agents or consultants **regardless of the outcome of the public hearing.** [Sec. 12-2(8) Cost Recovery.]

Please type or print the following:

Date: _____

Full Name: _____

Current Address: _____ City: _____

State: _____ Zip: _____

Telephone Number (____) _____ Email: _____

Signature

STATE OF FLORIDA:
COUNTY OF _____

Sworn and subscribed before me this _____ day of _____, 20____.

Signature of Notary Public
Notary Public, for the State of Florida

My Commission Expires

Pursuant to Chapter 12, Sec. 12-2(8) Cost Recovery of the Village of Indiantown Land Development Regulations.

Sec. 12-2 (11). – Withdrawal of Development Applications and Refund of Fees.

Pursuant to Chapter 12(11) of the Village Land Development Code (LDR), an application for development review may be withdrawn at any time. For applications filed in accordance with the LDR and subsequently withdrawn, the applicant may request a fee refund. The refund request must be made on a form provided by the Village. The amount of refund will be based on the point in time of the review process when the application withdrawal is initiated by the applicant. The refund schedule is as follows: a. 75 percent prior to staff review or legal advertisement (whichever comes first). b. 25 percent prior to drafting of the staff report. c. 15 percent 10 business days prior to the village council hearing on the application. d. No refund shall be granted if an applicant withdraws the application at the village council meeting in which the application is scheduled to be heard.

I _____, have read and understand the refund policy related to Land Development Fees in the Village of Indiantown.

APPLICANTS, PLEASE

-----DO NOT WRITE BELOW THIS LINE-----

Received Date: _____

Fee Paid: Yes [] No [] Amount Paid: _____ Cash [] Check [] # _____

Received by: _____

Application Number: AX- _____

Application Number: RZ- _____

Application Number: CP- _____